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BIB DATA SHEET

CONFIRMATION NO. 5494

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/574,862	04/06/2006	530	1644	017191.0049
APPLICANTS Micheal J. Puglia, Granger, IN; Linda Anderson-Mauser, Elkhart, IN; Solomon H. Murphy, Spring, TX; Ronald G. Sommer, Elkhart, IN; Shannon Gleason, Jones, MI; Please change to <u>Michael J. Puglia</u> Thanks. Sharon Wen				
** CONTINUING DATA ***** This application is a 371 of PCT/US04/24881 07/29/2004 which claims benefit of 60/511,835 10/16/2003				
** FOREIGN APPLICATIONS *****				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/19/2006				
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____		STATE OR COUNTRY IN	SHEETS DRAWINGS 3	TOTAL CLAIMS 30
INDEPENDENT CLAIMS 3				
ADDRESS KELLEY DRYE & WARREN LLP 400 ATLANTIC STREET, 13TH FLOOR STAMFORD, CT 06901 UNITED STATES				
TITLE Monoclonal antibodies for detection of urinary trypsin inhibitors				
FILING FEE RECEIVED 2510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 5494

SERIAL NUMBER 10/574,862	FILING OR 371(c) DATE 04/06/2006 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 017191.0049	
APPLICANTS Michael J. Puyia, Granger, IN; Linda Anderson-Mausser, Elkhart, IN; Solomon H. Murphy, Spring, TX; Ronald G. Sommer, Elkhart, IN; Shannon Gleason, Jones, MI;					
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY IN	SHEETS DRAWING 3	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
ADDRESS 47670					
TITLE Monoclonal antibodies for detection of urinary trypsin inhibitors					
FILING FEE RECEIVED 2510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		